

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1							51		
2								52		
3								53		
4								54		
5								55		
6								56		
7								57		
8								58		
9								59		
10								60		
11								61		
12								62		
13								63		
14								64		
15								65		
16								66		
17								67		
18								68		
19								69		
20								70		
21								71		
22								72		
23								73		
24								74		
25								75		
26								76		
27								77		
28								78		
29								79		
30								80		
31								81		
32								82		
33								83		
34								84		
35								85		
36								86		
37								87		
38								88		
39								89		
40								90		
41								91		
42								92		
43								93		
44								94		
45								95		
46								96		
47								97		
48								98		
49								99		
50								100		
TOTAL IND.	1	1								
TOTAL DEP.	30	1								
TOTAL CLAIMS	31									
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										